## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

1007-020

| CLAIMS AS FILED - PART I   |  |   |              |  |                     |                  |              |                    | SMALL ENTITY           |       |                     | THAN                   |
|--|--|---|--------------|--|---------------------|------------------|--------------|--------------------|------------------------|-------|---------------------|------------------------|
|  |  |   | (Column 1)   |  | (Column 2)          |                  |              | TYPE               |                        | OR    | SMALL               |                        |
| TOTAL CLAIMS   |  |   | /3           |  |                     |                  | Ţ            | RATE               | FEE                    | ] ]   | RATE                | FEE                    |
| FOR  |  |   | NUMBER FILED |  | NUMB                | ER EXTRA         |              | BASIC FEE          | 375.00                 | OR    | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | 13 minus 20= |  | *                   |                  |              | X\$ 9=             |                        | OR    | X\$18=              |                        |
| INDEPENDENT CLAIMS   |  |   | ∫ mi         | nus 3 =                                  | *                   |                  | ſ            | X42=               |                        | OR    | X84=                |                        |
| MU   | LTIPLE DEPEN                                 | IDENT CLAIM PI                              |              |  |                     | f                | +140=        |                    | OR                     | +280= |                     |                        |
| * If   | the difference                               | in column 1 is                              | ero, enter   | "0" in c                                 | olumn 2             | L                | TOTAL        |                    | OR                     | TOTAL | 750                 |                        |
| CLAIMS AS AMENDED - PART II  |  |   |              |  |                     |                  |              |                    |                        | •     | OTHER               | THAN                   |
|  | (Column 1) (Column 2) (Column CLAIMS HIGHEST |   |              |  |                     |                  | =            | SMALL              | ENTITY                 | OR    | SMALL               |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |              | HIGH<br>NUMI<br>PREVIC<br>PAID           | BER<br>DUSLY        | PRESENT<br>EXTRA |              | RATE               | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus        | **                                       |                     | =                |              | X\$ 9=             |                        | OR    | X\$18=              |                        |
| AME  | Independent                                  | * NTATION OF MI                             | Minus        | ***                                      | CL VIVA             | =                |              | X42=               |                        | OR    | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |   |              |  |                     |                  |              | +140=              |                        | OR    | +280=               |                        |
|  |  |   |              |  |                     |                  |              | TOTAL              |                        | OR    | TOTAL               |                        |
|  |  | А   | DDIT. FEE    |  |                     | ADDIT. FEE       |              |                    |                        |       |                     |                        |
| AMENDMENT B  |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |              | (Colur<br>HIGH<br>NUMI<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY | PRESENT EXTRA    |              | RATE               | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus        | **                                       | <u> </u>            | =                |              | X\$ 9=             |                        | OR    | X\$18=              |                        |
|  | Independent                                  | *<br>NTATION OF MU                          | Minus        | ***                                      | CLAIM               | =                |              | X42=               |                        | OR    | X84=                |                        |
| Щ  | THOTTRESE                                    | TATION OF WIL                               | JETHILL DEF  | LINDEINI                                 | CLAIN               |                  |              | +140=              |                        | OR    | +280=               | i                      |
|  |  |   |              |  |                     |                  | L            | TOTAL<br>DDIT. FEE |                        | OR    | TOTAL<br>ADDIT. FEE | •                      |
| (Column 1) (Column 2) (Column 3)   |  |   |              |  |                     |                  |              |                    |                        |       |                     |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |              | HIGH<br>NUMI<br>PREVIO<br>PAID           | BER<br>DUSLY        | PRESENT<br>EXTRA |              | RATE               | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus        | **                                       |                     | =                |              | X\$ 9=             |                        | OR    | X\$18=              |                        |
|  | Independent                                  | *   | Minus        | ***                                      |                     | =                |              | X42=               |                        | OR    | X84=                |                        |
|  | FIRST PRESE                                  | NTATION OF MI                               | JLTIPLE DEF  | PENDENT                                  | CLAIM               |                  | <del> </del> |                    |                        |       |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |              |  |                     |                  |              |                    |                        | OR    | ·+280=              |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is loss than 20, onter "20."  |  |   |              |  |                     |                  |              |                    |                        |       | TOTAL<br>ADDIT. FEE |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |              |  |                     |                  |              |                    |                        |       |                     |                        |